



CITY of SAN ANTONIO

Development Services Department
1901 S. Alamo
San Antonio, Texas 78204

Telephone Number (210) 207-1111
Fax Number (210) 207-6378
www.sanantonio.gov/dsd

Date:	Address:	Bldg:	Suite:
Owner Name:		Business name:	
Structure Type: NEW [] or EXISTING []		RESIDENTIAL [] or COMMERCIAL []	
Is a BUILDING PERMIT required in conjunction with this work? YES [] or NO []			
If yes, what is the plan/building permit number (AP#)?			

Heating & Air Conditioning Permit Application

Type of Equipment

Mechanical Inspection Fee: \$50.00

<input type="checkbox"/> 6.25	Air Handler	<input type="checkbox"/> 6.25	Walk-In-Freezer
<input type="checkbox"/> 6.25	Condensing Unit (# tons _____)	<input type="checkbox"/> 2.00	Duct Outlet
<input type="checkbox"/> 6.25	Condensing Unit/Heat Pump	<input type="checkbox"/> 6.25	Heat Pump
<input type="checkbox"/> 6.25	Indoor Condensing Unit	<input type="checkbox"/> 6.25	Refrigeration Unit (# tons _____)
<input type="checkbox"/> 6.25	Cooling Coil	<input type="checkbox"/> 6.25	Electric Heat Strips
<input type="checkbox"/> 9.60	Gas Furnace	<input type="checkbox"/> 6.25	Electric Furnace
<input type="checkbox"/> 9.60	Wall Furnace, Gas	<input type="checkbox"/> 9.60	Floor Furnace, Gas
<input type="checkbox"/> 9.60	Unit Heater, Gas	<input type="checkbox"/> 6.25	Unit Heater, Electric
<input type="checkbox"/> 9.60	Radiant Heater, Gas	<input type="checkbox"/> 6.25	Radiant Heater, Electric
<input type="checkbox"/> 6.25	Exhaust Fan, Commercial	<input type="checkbox"/> 6.25	Ventilation Fan
<input type="checkbox"/> 2.00	Curtain Fire Damper	<input type="checkbox"/> 2.00	Ceiling Fire Damper
<input type="checkbox"/> 2.00	Fire Damper	<input type="checkbox"/> 2.00	Smoke/Fire Damper
<input type="checkbox"/> 6.25	Condenser, No Compressor	<input type="checkbox"/> 9.60	Gas Dryer, Commercial
<input type="checkbox"/> 6.25	Electric Dryer, Commercial	<input type="checkbox"/> 15.85	Rooftop Unit, Gas _____seer
<input type="checkbox"/> 15.85	Rooftop Unit, Electric _____seer	<input type="checkbox"/> 6.25	Variable Air Volume Unit
<input type="checkbox"/> 6.25	Fan Coil Unit	<input type="checkbox"/> 6.25	Type I Range Hood (Grease)
<input type="checkbox"/> 6.25	Fan Powered Box	<input type="checkbox"/> 6.25	Fume Hood
<input type="checkbox"/> 6.25	Type II Range Hood (Steam)	<input type="checkbox"/> 6.25	Cooling Tower (# tons _____)
<input type="checkbox"/> 6.25	Chiller (# tons _____)	<input type="checkbox"/> 6.25	Walk-in Cooler
<input type="checkbox"/> 6.25	Absorption Unit (# tons _____)	<input type="checkbox"/> 6.25	Icemaker (Split System)
<input type="checkbox"/> 6.25	Reach-in Cooler	<input type="checkbox"/> 9.60	Gas Boiler, Hot Water
<input type="checkbox"/> 6.25	Wall Mounted Unit	<input type="checkbox"/> 6.25	Evaporative Cooler
<input type="checkbox"/> 9.60	Gas Boiler, Steam	<input type="checkbox"/> 9.60	Duct Heater, Gas
<input type="checkbox"/> 6.25	Make-up Air	<input type="checkbox"/> 6.25	Hot Water Coil

RESIDENTIAL-NEW CONSTRUCTION OR IF RESIDENCE DID NOT HAVE PRE-EXISTING CENTRAL AIR CONDITIONING OR HEATING

Includes inspection fee, furnace, cooling unit, condenser and outlets _____ 77.00

Each additional heating and air conditioning system _____ 55.00

Check one of the following: SEER 10 [] or SEER 12 []

Subtotal: _____ + 3% Technological Fee + 3% Development Services Fee = Total: _____

Contractor Name:	Contractor ID#:	Escrow: YES [] or NO []
Master License Holder:	License #:	
Authorized Agent Name:	Contact ID#: AC	
Telephone:	Fax:	Email:
Other Contact ID# (s) associated with this permit:		

THIS APPLICATION MUST BE COMPLETED WHEN REQUESTING A PERMIT.
A DOUBLE FEE WILL APPLY FOR FAILURE TO OBTAIN A PERMIT BEFORE STARTING WORK.
FAILURE TO SUBMIT ACCURATE INFORMATION MAY RESULT IN A PROCESSING DELAY.
PLEASE BE ADVISED THAT IF WORK SITE IS LOCATED IN THE FLOOD OR HISTORIC DISTRICT ADDITIONAL APPROVAL MAY BE REQUIRED.

REVISED 05/2007
COSA/DSD